

<i>SERFF Tracking Number:</i>	<i>HUMA-127285905</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>49098</i>
<i>Company Tracking Number:</i>	<i>AR-09-2011</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08I.012 Multi-Plan 2010</i>
<i>Product Name:</i>	<i>2010 Individual Medicare Supplement Plans</i>		
<i>Project Name/Number:</i>	<i>2011 Rate Filing /AR-09-2011</i>		

## Filing at a Glance

Company: Humana Insurance Company

Product Name: 2010 Individual Medicare Supplement Plans

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010

Sub-TOI: MS08I.012 Multi-Plan 2010

Filing Type: Rate

SERFF Tr Num: HUMA-127285905 State: Arkansas

SERFF Status: Closed-Approved State Tr Num: 49098

Co Tr Num: AR-09-2011

State Status: Approved-Closed

Reviewer(s): Stephanie Fowler

Authors: Michele Zabel, Paula Williamson, Bettina Ponds, Tammy House, Tiffany Turner, Seth Johnson

Disposition Date: 09/09/2011

Date Submitted: 06/21/2011

Disposition Status: Approved

Implementation Date Requested: 08/01/2011

Implementation Date: 09/09/2011

State Filing Description:

## General Information

Project Name: 2011 Rate Filing

Project Number: AR-09-2011

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 6%

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 09/09/2011

State Status Changed: 09/09/2011

Created By: Bettina Ponds

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Bettina Ponds

Filing Description:

Re: Humana Insurance Company/NAIC 119, 73288

2010 Individual Medicare Supplement Plans - 2011 Rate Renewal

Please find enclosed Humana Insurance Company's actuarial memorandum for a proposed rate increase of 6% for Individual Medicare Supplement Plans A, B, C, F, High Deductible F, K and L. The following forms are affected by this rate increase: Individual Medicare Supplement Policies ARMESM10A, ARMESM10B, ARMESM10C, ARMESM10F,

SERFF Tracking Number: HUMA-127285905 State: Arkansas  
Filing Company: Humana Insurance Company State Tracking Number: 49098  
Company Tracking Number: AR-09-2011  
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.012 Multi-Plan 2010  
Standard Plans 2010  
Product Name: 2010 Individual Medicare Supplement Plans  
Project Name/Number: 2011 Rate Filing /AR-09-2011

ARMESM10F(HD), ARMESM10K, ARMESM10L, and ARMESM10N. This is the first increase filed for these policies. The proposed effective date requested for this increase is August 01, 2011. Please contact me via SERFF, at (502) 580-0964 or by email at bponds@humana.com, if you have questions or require additional information relative to this filing.

## Company and Contact

### Filing Contact Information

Bettina Ponds, Medicare Supplement Product bponds@humana.com  
Compliance Analyst  
500 W. Main St. 502-580-0964 [Phone]  
Louisville, KY 40202

### Filing Company Information

Humana Insurance Company	CoCode: 73288	State of Domicile: Wisconsin
1100 Employers Boulevard	Group Code: 119	Company Type: Life & Health
Green Bay, WI 54344	Group Name:	State ID Number:
(800) 558-4444 ext. [Phone]	FEIN Number: 39-1263473	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 for each form filed. Filed Rates Renewal
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	06/21/2011	48937054

SERFF Tracking Number:	HUMA-127285905	State:	Arkansas
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Product Name:	2010 Individual Medicare Supplement Plans		
Project Name/Number:	2011 Rate Filing /AR-09-2011		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	09/09/2011	09/09/2011
Disapproved	Stephanie Fowler	07/14/2011	07/14/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	09/02/2011	09/02/2011	Bettina Ponds	09/09/2011	09/09/2011

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Response to AR DOI disapproval with Exhibits	Bettina Ponds	08/26/2011	08/26/2011

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Conference Call to Discuss Rate Disapproval?	Note To Reviewer	Bettina Ponds	07/15/2011	07/15/2011

<i>SERFF Tracking Number:</i>	<i>HUMA-127285905</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>49098</i>
<i>Company Tracking Number:</i>	<i>AR-09-2011</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08I.012 Multi-Plan 2010</i>
<i>Product Name:</i>	<i>2010 Individual Medicare Supplement Plans</i>		
<i>Project Name/Number:</i>	<i>2011 Rate Filing /AR-09-2011</i>		

## Disposition

Disposition Date: 09/09/2011

Implementation Date: 09/09/2011

Status: Approved

Comment: The negotiated rate increase of 4% has been approved. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- The insured shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>
Humana Insurance Company	6.000%	6.000%	\$38,493	391	\$641,544	6.000%	6.000%

SERFF Tracking Number: HUMA-127285905 State: Arkansas

Filing Company: Humana Insurance Company State Tracking Number: 49098

Company Tracking Number: AR-09-2011

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.012 Multi-Plan 2010  
Standard Plans 2010

Product Name: 2010 Individual Medicare Supplement Plans

Project Name/Number: 2011 Rate Filing /AR-09-2011

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Response to AR DOI disapproval with Exhibits	Disapproved	No
Supporting Document	Response to AR DOI Objection 9-6-2011 with Exhibits	Approved	No
Rate	Proposed Base Rates	Disapproved	No

<i>SERFF Tracking Number:</i>	<i>HUMA-127285905</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>49098</i>
<i>Company Tracking Number:</i>	<i>AR-09-2011</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08I.012 Multi-Plan 2010</i>
<i>Product Name:</i>	<i>2010 Individual Medicare Supplement Plans</i>		
<i>Project Name/Number:</i>	<i>2011 Rate Filing /AR-09-2011</i>		

## Disposition

Disposition Date: 07/14/2011

Implementation Date:

Status: Disapproved

Comment: It is the primary mission of the Arkansas Insurance Department to protect consumers. Arkansas is a relatively poor state and most of the seniors who would be affected by your proposed rate increase live on a fixed income. Therefore, given the lack of credibility on these Plans, we cannot approve this rate increase at this time.

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>
Humana Insurance Company	6.000%	6.000%	\$38,493	391	\$641,544	6.000%	6.000%

SERFF Tracking Number: HUMA-127285905 State: Arkansas

Filing Company: Humana Insurance Company State Tracking Number: 49098

Company Tracking Number: AR-09-2011

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.012 Multi-Plan 2010  
Standard Plans 2010

Product Name: 2010 Individual Medicare Supplement Plans

Project Name/Number: 2011 Rate Filing /AR-09-2011

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Response to AR DOI disapproval with Exhibits	Disapproved	No
Supporting Document	Response to AR DOI Objection 9-6-2011 with Exhibits	Approved	No
Rate	Proposed Base Rates	Disapproved	No

*SERFF Tracking Number:* HUMA-127285905 *State:* Arkansas  
*Filing Company:* Humana Insurance Company *State Tracking Number:* 49098  
*Company Tracking Number:* AR-09-2011  
*TOI:* MS08I Individual Medicare Supplement - *Sub-TOI:* MS08I.012 Multi-Plan 2010  
Standard Plans 2010  
*Product Name:* 2010 Individual Medicare Supplement Plans  
*Project Name/Number:* 2011 Rate Filing /AR-09-2011

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 09/02/2011  
Submitted Date 09/02/2011  
Respond By Date 10/03/2011

Dear Bettina Ponds,

Given the fact that we approved a rate increase on this block of business for each year of at least the last three years; we will allow an increase of 4% in lieu of disapproval.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,  
Stephanie Fowler



SERFF Tracking Number: HUMA-127285905 State: Arkansas  
Filing Company: Humana Insurance Company State Tracking Number: 49098  
Company Tracking Number: AR-09-2011  
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.012 Multi-Plan 2010  
Standard Plans 2010  
Product Name: 2010 Individual Medicare Supplement Plans  
Project Name/Number: 2011 Rate Filing /AR-09-2011

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 09/09/2011  
Submitted Date 09/09/2011

Dear Stephanie Fowler,

### Comments:

### Response 1

Comments: We will accept the rate increase of 4%. Updated rate sheets have been attached to reflect this change.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Response to AR DOI Objection 9-6-2011 with Exhibits

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

We appreciate your review and consideration of our filing. Please feel free to contact us if there are any further questions.

Sincerely,

Bettina Ponds, Michele Zabel, Paula Williamson, Seth Johnson, Tammy House, Tiffany Turner

*SERFF Tracking Number:* HUMA-127285905 *State:* Arkansas  
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Standard Plans 2010  
*Product Name:* 2010 Individual Medicare Supplement Plans  
*Project Name/Number:* 2011 Rate Filing /AR-09-2011

**Amendment Letter**

Submitted Date: 08/26/2011

**Comments:**

Please see attached response to disapproval under the supporting documents tab.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Response to AR DOI disapproval with Exhibits**

Comment:

Response to AR DOI Disapproval w Exhibits (8 22 11).pdf

*SERFF Tracking Number:* HUMA-127285905      *State:* Arkansas  
*Filing Company:* Humana Insurance Company      *State Tracking Number:* 49098  
*Company Tracking Number:* AR-09-2011  
*TOI:* MS08I Individual Medicare Supplement -      *Sub-TOI:* MS08I.012 Multi-Plan 2010  
Standard Plans 2010  
*Product Name:* 2010 Individual Medicare Supplement Plans  
*Project Name/Number:* 2011 Rate Filing /AR-09-2011

**Note To Reviewer**

**Created By:**

Bettina Ponds on 07/15/2011 11:33 AM

**Last Edited By:**

Bettina Ponds

**Submitted On:**

07/15/2011 11:33 AM

**Subject:**

Conference Call to Discuss Rate Disapproval?

**Comments:**

Ms. Fowler,

We were hoping to set up a conference call sometime next week to discuss our rate disapproval. Is there a direct number or e-mail you can be reached at?

SERFF Tracking Number:	HUMA-127285905	State:	Arkansas
Filing Company:	Humana Insurance Company	State Tracking Number:	49098
Company Tracking Number:	AR-09-2011		
TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010	Sub-TOI:	MS08I.012 Multi-Plan 2010
Product Name:	2010 Individual Medicare Supplement Plans		
Project Name/Number:	2011 Rate Filing /AR-09-2011		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	serff
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	6.000%
<b>Effective Date of Last Rate Revision:</b>	06/01/2010
<b>Filing Method of Last Filing:</b>	serff

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Humana Insurance Company	6.000%	6.000%	\$38,493	391	\$641,544	6.000%	6.000%

SERFF Tracking Number: HUMA-127285905 State: Arkansas  
Filing Company: Humana Insurance Company State Tracking Number: 49098  
Company Tracking Number: AR-09-2011  
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.012 Multi-Plan 2010  
Standard Plans 2010  
Product Name: 2010 Individual Medicare Supplement Plans  
Project Name/Number: 2011 Rate Filing /AR-09-2011

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Disapprove Proposed Base Rates d 07/14/2011		ARMESM10A, ARMESM10B, ARMESM10C, ARMESM10F, ARMESM10F(HD ) , ARMESM10K, ARMESM10L, ARMESM10N.	Revised	Previous State Filing Number:  Percent Rate Change Request:	HUMA- Proposed base 1263753 rates.pdf 07 6.000

SERFF Tracking Number: HUMA-127285905 State: Arkansas  
Filing Company: Humana Insurance Company State Tracking Number: 49098  
Company Tracking Number: AR-09-2011  
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.012 Multi-Plan 2010  
Standard Plans 2010  
Product Name: 2010 Individual Medicare Supplement Plans  
Project Name/Number: 2011 Rate Filing /AR-09-2011

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Health - Actuarial Justification	Approved	09/09/2011
<b>Comments:</b>		
<b>Attachment:</b>		
AR Actuarial Memo 2011 - MIPPA.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Response to AR DOI disapproval with Exhibits	Disapproved	09/09/2011
<b>Comments:</b>		
<b>Attachment:</b>		
Response to AR DOI Disapproval w Exhibits (8 22 11).pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Response to AR DOI Objection 9-6-2011 with Exhibits	Approved	09/09/2011
<b>Comments:</b>		
<b>Attachment:</b>		
Response to AR DOI objection 09-06-2011.pdf		



September 7, 2011

Arkansas Division of Insurance

**Re: AR Rate Renewal – DOI Objection 09/06/2011**

State: Arkansas

Filing Company: Humana Insurance Company

Dear Ms. Fowler,

**Comment:**

Given the fact that we approved a rate increase on this block of business for each year of at least the last three years; we will allow an increase of 4% in lieu of disapproval.

**Response:**

We will accept the rate increase of 4%. Updated rate sheets have been attached to reflect this change.

We appreciate your review and consideration of our filing. Please feel free to contact us if there are any further questions.

Sincerely,

James R Convery, MAAA  
Senior Actuarial Director  
Senior Products

Humana, Inc.  
500 West Main Street  
Louisville, KY 40202  
502-580-1506

**Exhibit 4**  
**Humana Insurance Company**  
**Medicare Supplement Rates [1] [4]**

State: Arkansas  
Form #s: ARMESM10A, ARMESM10B, ARMESM10C, ARMESM10F, ARMESM10F(HD), ARMESM10K, ARMESM10L, ARMESM10N  
Effective Date: June 1, 2010  
Current Base Rates

	Plan A				Plan B				Plan C				Plan F			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<b>Community</b>	\$138.07	\$138.07	\$206.36	\$206.36	\$150.27	\$150.27	\$224.60	\$224.60	\$173.25	\$173.25	\$258.95	\$258.95	\$176.79	\$176.79	\$264.23	\$264.23

  

	Plan F(HD)				Plan K				Plan L				Plan N			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<b>Community</b>	\$66.30	\$66.30	\$99.09	\$99.09	\$80.97	\$80.97	\$121.02	\$121.02	\$115.09	\$115.09	\$172.01	\$172.01	\$108.99	\$108.99	\$162.90	\$162.90

- [1] Base rates presented are discounted rates based on monthly ACH/credit card payment modes. For monthly coupon book payment mode there is an additional \$2 per month.  
Other fees or discounts may apply in the future, including non-monthly modes and policy issue.
- [2] Standard Rate applies to tobacco users and beneficiaries originally eligible due to disability.
- [3] Preferred Rates are for non-tobacco users not originally eligible due to disability. For issues during open enrollment and guaranteed acceptance, the Preferred rates will apply.
- [4] Geographic area factors are also applied.



**Exhibit 4**  
**Humana Insurance Company**  
**Medicare Supplement Rates [1] [4]**

**State:** Arkansas

**Form #s:** ARMESM10A, ARMESM10B, ARMESM10C, ARMESM10F, ARMESM10F(HD), ARMESM10K, ARMESM10L, ARMESM10N

**Proposed Increase**

	Plan A				Plan B				Plan C				Plan F			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<b>Community</b>	<b>4.0%</b>	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%

  

	Plan F(HD)				Plan K				Plan L				Plan N			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<b>Community</b>	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%

[1] Base rates presented are discounted rates based on monthly ACH/credit card payment modes. For monthly coupon book payment mode there is an additional \$2 per month.

Other fees or discounts may apply in the future, including non-monthly modes and policy issue.

[2] Standard Rate applies to tobacco users and beneficiaries originally eligible due to disability.

[3] Preferred Rates are for non-tobacco users not originally eligible due to disability. For issues during open enrollment and guaranteed acceptance, the Preferred rates will apply.

[4] Geographic area factors are also applied.

**Exhibit 4**  
**Humana Insurance Company**  
**Medicare Supplement Rates [1] [4]**

State: Arkansas  
Form #s: ARMESM10A, ARMESM10B, ARMESM10C, ARMESM10F, ARMESM10F(HD), ARMESM10K, ARMESM10L, ARMESM10N  
Effective Date: August 1, 2011  
Proposed Base Rates

	Plan A				Plan B				Plan C				Plan F			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<b>Community</b>	\$143.59	\$143.59	\$214.61	\$214.61	\$156.28	\$156.28	\$233.58	\$233.58	\$180.18	\$180.18	\$269.31	\$269.31	\$183.86	\$183.86	\$274.80	\$274.80

  

	Plan F(HD)				Plan K				Plan L				Plan N			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<b>Community</b>	\$68.95	\$68.95	\$103.05	\$103.05	\$84.21	\$84.21	\$125.86	\$125.86	\$119.69	\$119.69	\$178.89	\$178.89	\$113.35	\$113.35	\$169.42	\$169.42

- [1] Base rates presented are discounted rates based on monthly ACH/credit card payment modes. For monthly coupon book payment mode there is an additional \$2 per month.  
Other fees or discounts may apply in the future, including non-monthly modes and policy issue.
- [2] Standard Rate applies to tobacco users and beneficiaries originally eligible due to disability.
- [3] Preferred Rates are for non-tobacco users not originally eligible due to disability. For issues during open enrollment and guaranteed acceptance, the Preferred rates will apply.
- [4] Geographic area factors are also applied.